

SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number::	<u>10/551,838</u>
Filing Date::	<u>07/20/2006</u>
Application Type::	Regular
Subject Matter::	PCT
Suggested Classification::	
Suggested Group Art Unit::	<u>3726</u>
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	PROCESS FOR PRODUCING DENTAL PROSTHESES
Attorney Docket Number::	003850-012 <u>1003850-0000012</u>
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Daniel

Middle Name::

Family Name:: GUBLER

Name Suffix::

City of Residence:: Fällanden

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Im Haufland 10

City of Mailing Address:: Fällanden

State or Province of Mailing
Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing
Address:: CH-8117

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Urs
Middle Name::	
Family Name::	BRODBECK
Name Suffix::	
City of Residence::	Erlenbach
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Pflugsteinstrasse 32
City of Mailing Address::	Erlenbach
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-8803

<u>Applicant Authority Type::</u>	<u>Inventor</u>
<u>Primary Citizenship Country::</u>	<u>Liechtenstein</u>
<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Arnold</u>
<u>Middle Name::</u>	
<u>Family Name::</u>	<u>WOHLWEND</u>
<u>Name Suffix::</u>	

City of Residence:: Schellenberg

State or Province of Residence::

Country of Residence:: Liechtenstein

Street of Mailing Address:: Holzgatter 23

City of Mailing Address:: Schellenberg

State or Province of Mailing Address::

Country of Mailing Address:: Liechtenstein

Postal or Zip Code of Mailing Address:: 9488

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CH2004/000212	04/03/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Switzerland	No. 619/03	04/04/03	Yes

Assignee Information

Assignee Name:: XAWEX AG

Street of Mailing Address:: Lohwisstrasse 42

City of Mailing Address:: Ebmatingen

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-8123

Signature	/Peter T. deVore/	Date	October 10, 2011
Name	Peter T. deVore	Registration No.	60361